Stuart Baird, MD

PRECISION PAIN CENTER
INSURANCE • WORKERS' COMP • PERSONAL INJURY

Fax: 702-781-1700

Phone: 702-779-6800
7380 W. Sahara Ave., Suite 160
Las Vegas, NV 89117

info@precisionpaincenter.com

REFERRAL FORM

Patient Information

Patient Name: _____

DOB: _____

Phone: _____

Insurance: _____

Insured: _____

☐ Insurance ☐ Lien ☐ Workers' Comp

Attorney: _____

Case Manager: _____

Phone: _____

DOL: _____

Reason for Referral

_____

_____

_____

Diagnosis/History:

_____

_____

_____

Radiology: ☐ Yes ☐ No

If yes, where: _____

Doctor Information

Referring Physician: _____

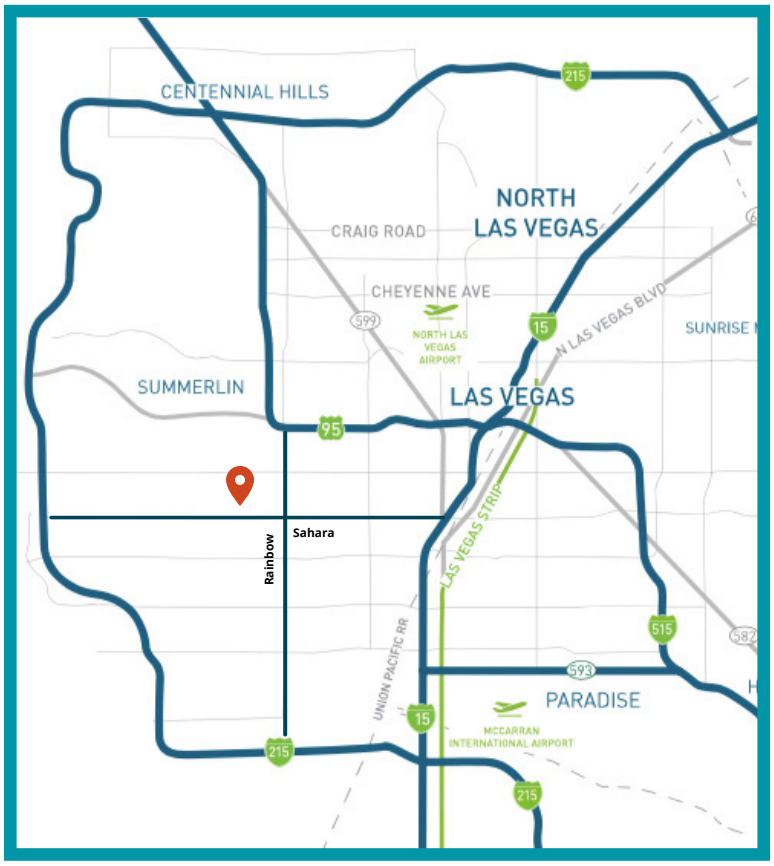
Contact: _____

Phone: _____

Fax: _____

To Obtain an Appointment

Fax this form along with medical records, relevant diagnostic reports (MRIs, X-rays, etc.), and a copy of the patient's insurance card. **Fax: 702-781-1700**



Please bring this form along with your insurance cards, I.D., list of medications with dosages, and any pertinent medical records including imaging. Co-pays are collected at the time of service.